

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received  
MAR 09 2015  
Bayfield Co. Zoning Dept.

Permit #: 15-0104  
Date: 6-5-15  
Amount Paid: 175.00  
Refund: 65-15

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Barry + Laurie Perkins  
Address of Property: 9060 School Road  
Contractor: N/A  
Authorized Agent: N/A  
Agent Phone: N/A  
Agent Mailing Address (include City/State/Zip):  
City/State/Zip: Washington Ave Port Wing WI 54865  
City/State/Zip: Port Wing WI 54865  
Contractor Phone: N/A  
Plumber: N/A  
Plumber Phone: N/A  
PIN: (23 digits) 042-2-50-08-28-3  
Recorded Document: 1683  
Volume: 1683  
Page(s): 481  
Lot Size: 0.673  
Acreage: 0.673

PROJECT LOCATION: Legal Description: (Use Tax Statement)  
Gov't Lot: 4-12  
CSM: 210831  
Vol. & Page: 210831  
Lot(s) No.:  
Block(s) No.:  
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue -->  
Is Property/Land within 1000 feet of Lake, Pond or Flowage? ☐ If yes---continue -->  
Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: feet  
Is Property in Floodplain Zone? ☐ Yes ☐ No  
Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion: \$50,000  
Project (What are you applying for):  
Use:  
# of Stories and/or basement:  
# of bedrooms:  
What Type of Sewer/Sanitary System Is on the property?:  
Water:  
Addition/Alteration:  
Conversion:  
Relocate (existing bldg):  
Run a Business on Property:  
Foundation:  
New Construction:  
1-Story:  
Seasonal:  
Municipal/City:  
(New) Sanitary:  
Sanitary (Exists):  
Specify Type:  
Privy (Pit) or Vented (min 200 gallon):  
Portable (w/service contract):  
Compost Toilet:  
None:

Existing Structure: (if permit being applied for is relevant to it)  
Proposed Construction:  
Length: 30  
Width: 30  
Height: 14  
Length: NONE  
Width: NONE  
Height: X

Proposed Use: ☒ Principal Structure (first structure on property)  
Residence (i.e. cabin, hunting shack, etc.):  
with Loft:  
with a Porch:  
with (2nd) Porch:  
with a Deck:  
with (2nd) Deck:  
with Attached Garage:  
Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities:  
Mobile Home (manufactured date):  
Addition/Alteration (specify):  
Accessory Building (specify):  
Accessory Building Addition/Alteration (specify):  
Special Use: (explain) Street Team Rental  
Conditional Use: (explain):  
Other: (explain):  
Proposed Structure:  
Dimensions:  
Square Footage:  
Rec'd for Issuance: MAY 05 2015  
Secretarial Staff:

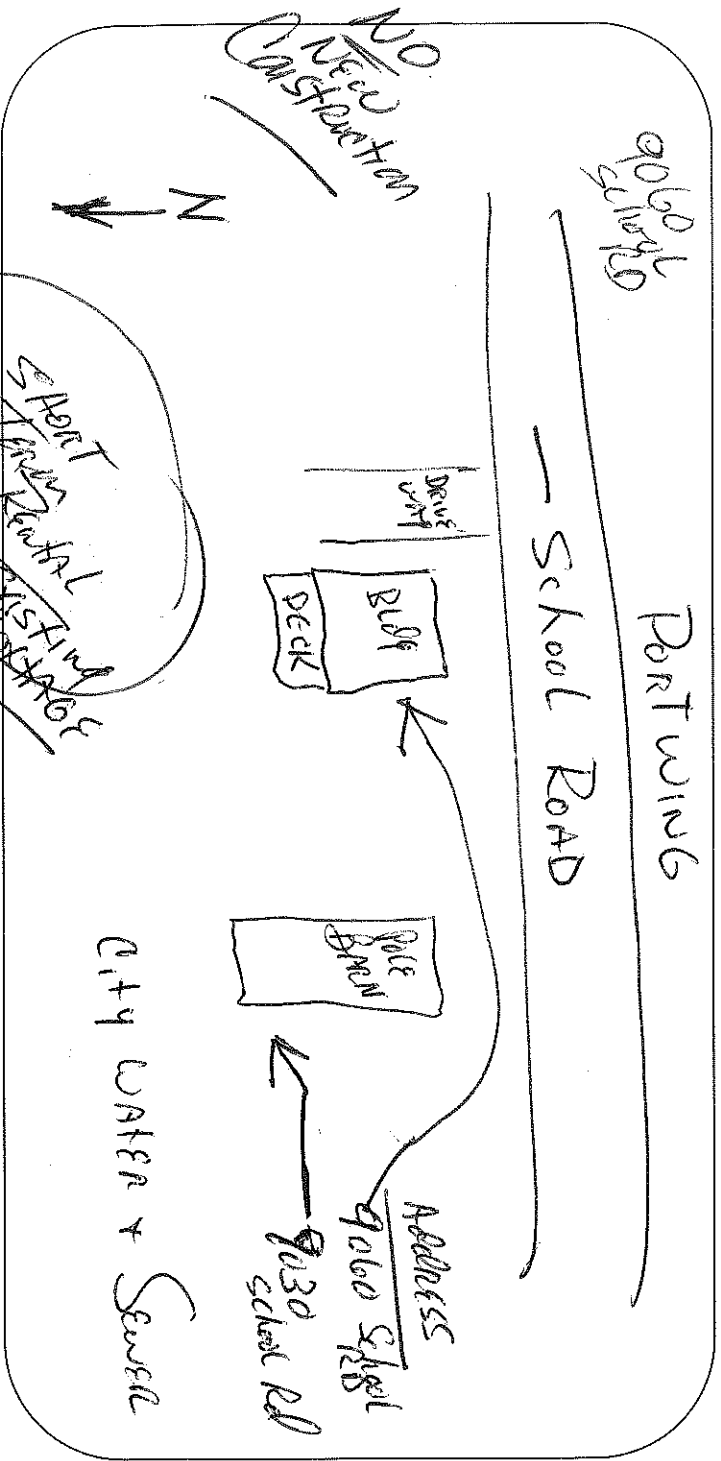
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County paying or this information I (we) am (are) providing with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonably one for the purpose of inspection.

Owner(s):  
Authorized Agent:  
Address to send permit:  
Date: 3-5-15  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

SPECIAL USE? fee  
+ town board April 4

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- Proposed Construction
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%
- (2) Show / Indicate:
- (3) Show Location of (\*):
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	35 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	320 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: MN1C1PA2	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0104		Permit Date: 5-5-15		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Trusted/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached
Case #:		Case #:		
Was Parcel Legally Created		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed
Inspection Record:		Zoning District ( )		
Date of Inspection: 4-9-15		Lakes Classification ( )		
Inspected by: [Signature]		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.)		Date of Approval: 4-16-15		
Signature of Inspector: [Signature]		Date of Approval: 4-16-15		
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input checked="" type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>		Date of Approval: 4-16-15		

RENTAL STRUC NOT ALLOWED UNLESS DISTANCE TO ADJACENT PERMITTED USES

5. JMT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF  
APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WI  
Date Stamp (Received)  
MAY 01 2015  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 15-0106  
Date: 5-5-15  
Amount Paid: \$7555.15  
Refund:

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Craig Lambert Mailing Address: 711 Elm St. City/State/Zip: Wausau, WI 54980 Telephone: \_\_\_\_\_  
Address of Property: Keene Schell City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contractor: Bob Wining Contractor Phone: 683-5019 Plumber: WJF Plumber Phone: 5465  
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Extreme Measures Res Care LLC Agent Phone: 715 Agent Mailing Address (include City/State/Zip): 2800 5TH 137 Ashland WI Written Authorization Attached: ☒ Yes ☐ No Submittal: Bill Erickson  
PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-056-2-50-09-35-2 Recorded Document: (i.e. Property Ownership) Volume: \_\_\_\_\_ Page(s): \_\_\_\_\_  
Sec 1/4, Dco 1/4 Gov't Lot 4 Lot(s) 1 GSN 773 Vol & Page 45 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section 35, Township 50 N, Range 09 W Town of: Port Wining Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

☒ Shoreland ☐ Non-Shoreland

☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue ☒ Distance Structure is from Shoreline: 250 feet  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue ☐ Distance Structure is from Shoreline: \_\_\_\_\_ feet  
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion \*include donated time & material \$ 3K

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exst) Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Deck	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

net at site of construction

Existing Structure: (if permit being applied for is relevant to it) Length: 20x32 Width: 24 Height: 8.2  
Proposed Construction: Length: 20x18 Width: 8 Height: 12

Proposed Use	Proposed Structure	Dimensions	Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Deck</u>	( 8 X 16 )	144
	<input type="checkbox"/> Accessory Building (specify) _____	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
	Special Use: (explain) _____	( ) X ( )	
	Conditional Use: (explain) _____	( ) X ( )	
	Other: (explain) _____	( ) X ( )	

Rec'd for Issuance: MAY 05 2015  
Secretarial Staff: ☐

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: Craig Lambert Date 4-31-15  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 2800 5TH 137 Ashland WI 54806 Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1700 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	105 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	96 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	52 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	25 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		Permitting Agency		
Permit #: 15-0106		Permit Date: 5-5-15		currently a privy but currently installing HT soon.		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:	Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: 195' from top of bluff - ok by onsite determination for erodable bluff previously made		Date of Inspection: 4-29-15				
Inspected by: J. Cavanaugh		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		no condition				
Signature of Inspector:		Date of Approval: 5-5-15				
Hold For Sanitary: <input type="checkbox"/> Hold For TBX: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>						

ATF FEES WAIVED BY DIRECTOR - PREVIOUS OWNER BUILT IT.



# Bayfield County Zoning

X: 670173.30, Y: 524432.53

Current Action: Move Map

## Parcel Search

Search Layer: By Tax ID#

Search by Tax ID [Ex: 32928]:

Search

Clear

## Table of Contents

### Layer Metadata

#### Layer Visibility

- ☐ SanitaryDistricts
- ☒ Wetlands
- ☒ 2' Contour
- ☐ Zoning Districts
- ☐ BayCoSoilGrp



Current theme:  
Zoning